

INVOICE FORM

North Figueroa Association

INDIVIDUAL/ORGANIZATION NAME

5651 Fallston Street

Los Angeles

CA

90042

ADDRESS

CITY

STATE

ZIP CODE

Marita De La Torre

310-871-3226

marita@hpifilmfest.com

CONTACT

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

91-2167313

002058378-002-2

SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER

BUSINESS TAX REGISTRATION NO.

Department of Cultural Affairs
201 North Figueroa Street, Suite 1400
Los Angeles CA 90012

AFE
 Personal Svcs. Contract
 Sub P.O./Purchase Order

Please describe below, the service provided for which payment is being requested; include the date, time and place of the event:

To assist with the set up and logistics of the 4th Annual Highland Park Independent Film Festival.

PLEASE PAY THE AMOUNT OF \$2,000

I certify under penalty of perjury that the service(s) for which payment is hereby requested has/have been performed by me, or the above organization that I represent, in full compliance with the requirements and/or provisions of the contract/AFE.

8/23/2017

Festival Producer

DATE

SIGNATURE

TITLE

FOR DCA USE ONLY:

This section is to be completed by an authorized employee of the Center/Facility/Division overseeing the Contract/AFE.

SERVICES & DOCUMENTS REQUIRED BY CONTRACT OR AFE # _____ WERE RECEIVED BY
ME ON ____ - ____ - ____ AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT

AUTHORIZED SIGNATURE

DATE

FOR DCA ACCOUNTING USE ONLY:

Receipt Verification

I certify that the materials, supplies, or services covered by this bill were received and/or verified by me on _____ and compliance with the contract terms.

Living Wage Ordinance on file, if applicable

Insurance Verification

I certify that evidence of approved insurance is on file in the City Attorney's Office, if applicable

Declaration of Compliance of the Equal Benefits Ordinance is on file

SIGNATURE

DATE